

ARKANSAS FIRE ACADEMY Application for Admission			
PERSONAL INFORMATION			
NAME (Last, First, Middle)			
HOME ADDRESS (Number & Street or Box, City, State, Zip)	PHONE NUMBERS	DATE OF BIRTH	
	WORK (479) 751-4510	SOCIAL SECURITY NO.	
	HOME	SE X	
	OTHER:	MALE	FEMALE
PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOU:			
Caucasian      Black		Asian      Hispanic      Indian	
HIGH SCHOOL or GED?	CIRCLE NUMBER FOR HIGHEST LEVEL OF FORMAL EDUCATION:		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	High School 9 10 11 12 College 13 14 15 16 Post Graduate 17 18 19 20		
DO YOU HAVE ANY HANDICAPS (INCLUDING SPECIAL ALLERGIES OR MEDICAL CONDITIONS) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT AFTA?		<input checked="" type="checkbox"/> NO	YES (If "YES", explain here.)
COURSE INFORMATION			
ENTER THE COURSE YOU WISH TO TAKE: (Name, Location & Date)			
Name of Course:		Course Location:	Date of Course:
ENTER THE COURSE(S) YOU THINK MEET THE PREREQUISITES OF THE ABOVE COURSE:			
Name of Course:		Course Location:	Date of Course:
ORGANIZATIONAL INFORMATION			
FDID NUMBER:	NAME OF FIRE DEPARTMENT		DEPT. TELEPHONE NO.
72300	Springdale Fire Department		(479) 751-4510
FULL DEPARTMENT ADDRESS:	APPROVAL BY CHIEF OR TRAINING OFFICER:		
PO Box 1521 Springdale AR 72765	SIGNATURE:		DATE
	TITLE: Battalion Chief Training Officer		:
<p>I CERTIFY THAT THE INFORMATION RECORDED ON THIS APPLICATION IS CORRECT. I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE ARKANSAS FIRE TRAINING ACADEMY IF I AM ADMITTED AS A STUDENT. FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF ADMISSION.</p> <p>BY SIGNING THIS APPLICATION, THE STUDENT AGREES TO ALLOW THE ACADEMY TO MAIL THE CERTIFICATE TO HIS/HER DEPARTMENT. AFTER THAT TIME, THE RELEASE OF INFORMATION ABOUT COMPLETION OF THIS COURSE AND CREDIT FOR IT WILL BE MADE ONLY UPON SIGNED PERMISSION BY THE STUDENT.</p> <p>I UNDERSTAND THAT THE ARKANSAS FIRE TRAINING ACADEMY DOES NOT PROVIDE MEDICAL OR HEALTH INSURANCE FOR STUDENTS. I MAINTAIN APPROPRIATE INSURANCE ON AN INDIVIDUAL BASIS.</p>			
SIGNATURE OF STUDENT:		DATE:	
DISPOSITION: (Enrollment Division Use Only)			
ACCEPTED      REJECTED      REASON: _____			
			Signature      Date